

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-375)						SERIAL NO. <b>10/088478</b>	FILING DATE
						APPLICANT(S)	
CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		
	IND.	DER.	IND.	DER.	IND.	DER.	
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TOTAL IND.	/		/				
TOTAL DER.	25	↔	20	↔			
TOTAL CLAIMS	26	21	20	19	18	17	

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS